



School Health Bulletin

BACK TO SCHOOL ISSUE!

Volume 1, Issue 3

Published by the TDH School Health Program

September, 2001

Crisis Incident Stress Management in Schools

By Paul Tabor, TDH Division of Emergency Preparedness

The Texas CISM Network was established within the Texas Department of Health in 1992. Its purpose: to aid emergency services personnel, such as EMS workers, emergency and critical care nurses, fire and law enforcement personnel, and disaster relief workers, in managing the traumatic stress inherent to their professions.

In recent years, with the proven effectiveness of CISM interventions, the program also has been found useful in business, industry, community and school settings. Critical Incident Stress Management (CISM) is a comprehensive, integrated multi-component crisis intervention system.¹ The program consists of interventions that may be applied before, during, and after any crisis.

The world today is a much different place from that of a generation ago. Not long ago, perhaps the greatest tragedies affecting school kids were occasional injuries and deaths from automobile crashes. "Normal" today still includes those as well as the dramatically increasing frequency of gang activity, substance abuse, suicide, gun-related violence, "hit lists" and threats of violence to others, hostage-taking, sniper attacks, self-mutilation, rape, child molestation, abandonment of newborn babies, and AIDS.

This brief article cannot trace the causes of such events or recommend prevention strategies. Space limits discussion of how such events affect students, or the different types of responses seen in the varying age groups from pre-K through high school. We acknowledge that today's complex society poses hazards for students, as well as staff, in coping with everyday life. The trauma resulting from such events as mentioned above does affect a student's mental and emotional health and thus translates into difficulty learning as well as other problems. Schools are having to adopt sound and logical response strategies to these problems in order to reinforce the learning atmosphere.

CISM is one approach that can help school districts make crisis plans (pre-planning is a "must do") and to respond appropriately to such situations. A crisis response disrupts one's mental and emotional balance, displacing one's usual ways of coping. CISM is a

Continued on page 7

TDH Awards 15 School Health Programs

By Ernesto Marquez, TDH School Health Program

Representatives from 15 schools and districts attended the annual Awards for Excellence in Texas School Health banquet on June 4, 2001, in Fort Worth, Texas, where each was awarded a check from \$750 to \$1500 dollars to further enhance their school health program.



Jean Griffith, R.N., of Glen Cove Elementary, Ysleta I.S.D., receives an Award for Excellence. From left to right: Charles E. Bell, M.D., Executive Deputy Commissioner, TDH; Alma Moreton, Board of Directors, Texas Health Foundation; Ms. Griffith; and Rosemarie Allen, Ed.D., Asst. Superintendent, Student Support and Special Services, Dallas Public Schools

Awards for Excellence is sponsored by the Texas Health Foundation and administered by the Texas Department of Health (TDH). Each year Awards for Excellence gives 15 cash awards to schools and/or districts that are busy implementing a comprehensive school health program to meet the health needs of their students, staff, and/or community.

Awards for Excellence accepts applications from any type of school health program, granting awards

based on how well the school/district (1) identifies program need/objectives; (2) implements the program; and (3) evaluates program effectiveness.

Awards for Excellence was created fourteen years ago through the efforts of the Texas Health Foundation to provide recognition and financial support to Texas schools striving to improve the long-term health practices of children, adolescents, and school staff. Awards for Excellence supports the philosophy that health promotion must start in the formative years when children develop their skills and behaviors for life, and that effective school health programming can go a long way in promoting preventive health behavior among students and school staff.

Any school or district (public, private, or charter) can apply for an award. Applicants are divided into two categories: new and established programs. These two categories are further broken down into three categories

Continued on page 7

INSIDE THIS ISSUE:

Spinal Screening Updates.....	2
School-Based Health Centers.....	2
Welcome new TDH School Nurse & TCSHN Coordinator.....	2
Legislative Updates.....	3
Ashtma Coalition of Texas.....	3
Food Safety Month.....	4
Rabies Prevention.....	4
DNRs, O2, AEDs, Epi-pens.....	5
TDH Educational Videos.....	5
Td Booster Shortage.....	6
Traffic Safety Programs.....	6
Title V Pop-Based Projects.....	6
Tobacco Prevention.....	6
Mark Your Calendars!.....	8

Letter from the Editor...

Welcome back to the beginning of what is sure to be another exciting, promising, demanding, rewarding, frustrating, challenging, fulfilling school year! Is there any other kind? If so, I've never experienced it! Isn't that part of the attraction to practicing nursing in a school setting? Oh sure, people think it is the holiday and summer schedule that draws us in, but what keeps us? My guess would be the kids, the unpredictability, the variety, the stimulating environment, and most importantly the opportunity to perform the art and science of true nursing practice.

You may have felt a little anxious at first,

as I did when I became a school nurse in 1993. I had left the very structured environment of a hospital to work in a school district that was just beginning the early stages of transition from small town/rural to suburban. EMS response time was a minimum of 15 minutes. I was confident that I was ready for this challenge...until I began setting up the office. When I pulled out the snakebite kit I was amused. When I found the oxygen tank I

began to worry a little. Then when I realized that my nurse-to-patient ratio had increased from 1:6 in the hospital to 1:750 in the school AND that I alone was the code team, I began to have a panic attack! Not only had I taken a serious cut in salary to accept this job; I had taken on what felt to me like an enormous responsibility!

Month after month, and school year after

Continued on page 7

When I pulled out the snakebite kit I was amused. When I found the oxygen tank I began to worry a little...

TDH SCHOOL HEALTH PROGRAM UPDATES

Welcome New TDH School Nurse Consultant and TCSHN Coordinator

We are pleased to announce the addition of a second nurse on the School Health Program Staff. In response to directions to downsize, we have combined two positions: the School Nurse Consultant and the Texas Comprehensive School Health Network coordinator. It will be a tough job, but we have found someone with skills and experience to meet the challenge.

Mary Jackson, R.N., will take this position in September. Mary has 25 years of school health experience, including several years at the elementary and secondary levels, five years as director of health services of a large district with 43 RNs, five years at TEA, and over five years with the TDH School Health Program as both School Nurse Consultant and Division Director.

Mary has been recognized at state and national levels for her efforts in school health. She has served on the Executive Board of the National Association of State School Nurse Consultants and the Board of the American School Health Association. She has been presented with a Life Membership for the Texas PTA, received the President's Award from TSNA and the Texas School Health Association's Martha Licata Award for Outstanding Contributions to School Health in Texas, and was invited to present to a committee at the Institutes of Medicine on aspects of comprehensive school health. Mary looks forward to working with all of you again to assure that our children achieve their greatest potential through education and good health.

Spinal Screening Program Updates & Request for Stakeholder Input

The TDH Spinal Screening Program rules are due for review by the Texas Board of Health. As part of this regular review of the rules developed subsequent to the state law mandating the screening of Texas school children in grades six and nine, the program solicits input from program stakeholders. Hence school staff that conduct spinal screenings are encouraged to review the rules, as well as proposed amendments, and send feedback in writing to us. To view the rules and proposed amendments, visit the TDH School Health Program website at: www.tdh.state.tx.us/schoolhealth/spinal.htm. Send comments and suggestions via email to ernesto.marquez@tdh.state.tx.us or by fax to 512-458-7350. Or mail comments to Texas Department of Health, Bureau of Children's Health, Spinal Screening Program, 1100 West 49th Street, Austin, Texas 78756. To request a copy of the rules, contact the Spinal Screening Program at (512) 458-7111, extension 2140.

The TDH Spinal Screening Program, in collaboration with Shriners Hospitals for Children/Houston, has completed a revised version of the Spinal Screening Program Guidelines booklet. This new version includes additional current information on medical diagnosis and treatment of abnormal spinal curvatures, additional forms for use by schools and screeners, and updated illustrations. To request a copy of the revised Spinal Screening Program Guidelines, contact the Spinal Screening Program (see contact info above).

TDH Selects Three ISDs for School-Based Health Center Grant Funding

The TDH School Health Program has selected three school districts to receive start-up grant funding for Fiscal Year (FY) 2002 to establish school-based health centers (SBHCs). Each of these districts will provide on-site preventive and primary health care services to a target population of medically underserved children and youth. The selected school districts are Galveston ISD, Hays CISD, and Sundown ISD. Second-year grant funding will be provided in FY 2002 for AAMA's George I. Sanchez Charter High School in Houston, Dallas ISD, Socorro ISD, and Texarkana ISD.

TDH grant funding for the establishment of SBHCs is made available through a competitive grant process. The funding levels for the 3-year SBHC start-up may not exceed \$125,000 in year one; \$93,750 in year two; and \$62,500 in year three. Continuation funding for years two and three is based upon demonstrated need and successful completion of proposed activities.

It is anticipated that TDH will have grant funds available in FY 2003 to provide start-up funding for two additional SBHC projects. A Request for Proposals (RFP) should be available in early 2002 with a spring 2002 application deadline. A copy of the FY 2002 RFP is available to view and/or download on the TDH School Health Program web site: www.tdh.state.tx.us/schoolhealth/heal_ctr.htm. For info regarding TDH funding for SBHCs, contact John Dillard, School Health Program, (512) 458-7111, xt.2782, or john.dillard@tdh.state.tx.us.

77th State Legislature Highlights

By Michelle McComb, R.N., TDH School Health Program

The following bills related to school health issues passed:

SB 19 - Allows health education and daily physical activity in elementary schools to prevent obesity, cardiovascular disease, and Type II diabetes; requires broader scope for health education advisory councils; requires coordinated health programs for elementary students. More specifically, SB 19:

- Authorizes the State Board of Education to adopt rules that require daily physical activity for elementary students below grade 7.
- Broadens the scope of the role of the health education advisory councils to include, in addition to human sexuality instruction, curriculum that addresses health education, physical education, nutritional services, parental involvement, and instruction to prevent the use of tobacco.
- States that the Board of Trustees must appoint membership of the health education advisory councils.
- Requires the Texas Education Agency (TEA) to notify and make available to each school district a coordinated health program.
- Requires TEA to cooperate with the Texas Department of Health (TDH) to adopt a

schedule for regional education service centers to provide necessary training.

- Requires each school district to participate in the training and the implementation of the program in each elementary school within its boundaries.

HB 1688 - Amends the Texas Education Code to allow students to possess and self-administer prescription asthma medication while on school property or at a school event or activity. TEA does not plan to go through the formal rules and public comment process, but will allow districts to implement this at the local level. Collaborating partners include (but are not limited to): Texas Association of School Boards, American Lung Association, Asthma Coalition of Texas, Texas Association of School Nurses, and the TDH School Health Advisory Committee. Sample policies and forms will be submitted and recommended.

HB 430 - Amends the Texas Education Code to define the purpose, governance structure, and responsibilities of the Texas School Safety Center (TSSC), which currently operates out of Southwest Texas State University through a \$500,000 annual grant from the governor's office. Responsibilities of the TSSC include providing safety training programs, a school safety summit, model

safety and security audit procedure, on-site assistance, a center website, student essay contest and recognition to school districts. Further, the center shall develop model agreements to be used between school districts and other local entities including health, mental health, social service agencies and courts. The agreements shall address cooperation and cost sharing relating to provision of services by the entities. This bill also amends the Occupations Code to state that a peace officer serving as a visiting school resource officer in a public elementary school shall offer to provide firearm accident prevention instruction to students at least once every school year.

HB 2989 - Acanthosis nigricans education and screening program in the following ESC regions: 1, 2, 3, 13, 15, 18, 19 and 20. The TDH School Health Program is NOT responsible for administering this program. University of Texas- Pan American, Texas-Mexico Border Health Coordination Office is the contact agency on this issue. We anticipate that UT Pan-Am will communicate with us so we can keep our clients informed. We will be referring all requests for technical assistance and other questions regarding training, implementation, data collection, forms, etc..

Continued on page 8

Asthma Coalition of Texas

By Maggie Kownaski, Interim Dir., ACT

Asthma morbidity and mortality have been steadily increasing for the last few decades in Texas and across the nation. Many local groups in our state have responded well to the increased burden of asthma on Texas residents, but until recently no statewide effort existed to deal with this chronic disease. To this end, a wide array of asthma stakeholders (including the Texas Association of School Nurses) were invited by the Texas Department of Health and the American Lung Association of Texas to participate in the first Texas Asthma Meeting in October 2000, during which the foundation for the Texas Asthma Plan was laid. Based on the recommendations of this group, the Asthma Coalition of Texas (ACT) was founded in November 2000. ACT is a non-profit corporation that includes members from a variety of disciplines: health care, public health, education, environmental

health, community organizations, state and local government, industry, local asthma coalitions, the military, medical professional organizations, parents, and others. ACT's vision is to see that, "Texans with asthma will realize optimal health and quality of life." In the eight months since its organization, ACT has already taken significant steps to meet the goals of the Texas Asthma Plan (see side bar).

ACT is currently developing a website for its members and the public at www.texasasthma.org, which should be fully functional by Fall 2001. ACT is also looking forward to working with the Texas Department of Health and the Texas Education Agency to implement the asthma bills that passed during this legislative session.

If you are interested in becoming a member of ACT, or for more information about the Texas Asthma Plan, please send an E-mail to texasasthma@yahoo.com.

- ACT was active in the 2001 Texas Legislature:

- * Coordinated three educational legislative breakfasts on the public health burden of asthma;
- * Assisted in developing or supporting important bills for/related to patients with asthma (self-medication in school, Medicaid asthma disease management, indoor air quality); and
- * House/Senate resolutions endorsing ACT mission and activities.
- Obtained an \$80,000 grant to support medical education projects related to asthma.
- Supported development of a formalized asthma educator program.

September is Food Safety Month

By Joel Ortiz, TDH Retail Food Division

September is National Food Safety Education Month. The Texas Department of Health (TDH) and the Texas Partnership for Food Safety Education would like to use this occasion to remind everyone about the importance of food safety. The Texas food safety education campaign will mirror the national "Fight Bac!" campaign to "Keep Food Safe from Bacteria." This year's campaign slogan is "Chill. Refrigerate promptly," and our primary focus is on proper refrigeration and cooling of food.



Schools can benefit from education on how to prevent foodborne illness. Parents should know what types of food will keep in their children's sack lunches; school staff should maintain their school refrigerators at proper temperature to ensure their lunches stay safe; and school cafeterias should be adhering to the following guidelines (see side bar).

Consumers can prevent the transmission of foodborne illness due to temperature abused food products. Bacteria can grow rapidly on perishable food products that are not kept at the proper temperature. Some of these perishable food items include Ready-to-

Eat deli meats, TV dinners, and leftover foods to be consumed at a later date. Experts caution that all perishable food items be kept at a maximum temperature of 40°F in order to slow down the growth of harmful bacteria. Listed in the sidebar are some ways consumers can prevent foodborne illnesses that are typically caused by temperature abuse.

For more information contact the Texas Department of Health at 512-719-0232, or visit our website at www.texasfoodsafety.org.

- Keep perishable food products in a properly working refrigerator with a refrigerator thermometer available for monitoring.
- Do not overstuff refrigerators. Make sure good air circulation is available to all areas of the refrigerator.
- Do not thaw food products out at room temperature. Thaw items out in the refrigerator, microwave, or as a process of cooking.
- Refrigerate leftovers within 2 hours of preparation (1 hour on very warm days).
- Separate large portions of leftovers into smaller shallow pans to facilitate the cooling process. Loosely cover these items until they have completely cooled.
- Do not use leftover food items that have been in the refrigerator for an extended period of time.
- During camping trips or picnics, use 2 separate coolers (one for drinks, the other for food). This will ensure that the cooler with food items will retain the ice the longest.
- When packing school lunches, be sure to use a frozen gel pack to maintain temperature.

Rabies Awareness

By James Wright, DVM, MPVM, TDH Regional Zoonosis Control

Rabies is invariably a fatal disease when it infects animals or people. In most of Texas there are several important reservoirs, or carriers, of rabies in nature – skunks, foxes, raccoons, coyotes, and bats.

There are several things citizens can do to minimize the risk of rabies to themselves and their families. First, they can keep their pets vaccinated against rabies. Dogs and cats should be vaccinated every year. This includes barn cats and animals that don't "belong" to anybody but hang around someone's house.

Skunks, which are usually shy animals, seem to lose their fear of dogs, cats, and people when they have rabies. They

frequently come into people's yards and fight with their pets. If the pets are vaccinated, the chance of their catching the disease and exposing family members is much less. Since rabid animals sometimes bite livestock, horses and show animals that have frequent contact

with people should be vaccinated, too.

Dogs, cats, cows, and horses bitten by a rabid animal need post-exposure treatment just as a human would. Owners should contact their veterinarian for follow-up if their pets encounter a possibly rabid animal, even if the pet has been vaccinated against rabies. Skunks are usually timid animals that move around and seek food at night. Therefore, if a skunk comes into a yard and is not afraid of dogs or humans, there is a good chance that it is rabid. Likewise, if a skunk is out in the daytime, especially if it appears to be acting abnormal in any way, it may be rabid. Any skunk you encounter must be considered to be rabid unless proven otherwise.

Since rabid skunks do often attack pets, an owner may have to shoot a skunk to rescue a pet. Do not shoot the animal in the head. The brain will be destroyed and it cannot be tested for rabies.

All children should be taught to avoid wild animals (and even dogs and cats) that they do not know. This message is pretty easy to convey when the subject is avoiding a skunk; however, bats are another matter. Every year numerous children are given the "rabies shots"

because they found and played with a bat that was either rabid or could not be tested for rabies. Children should **NEVER** catch or touch any bat.

If a child or an adult is bitten by an animal or handles a bat, the person may have to take rabies shots. However, if the animal can be found and closely observed or submitted for laboratory testing (all bats must be tested), the need for the shots may be avoided. Therefore, if you are bitten, try to identify or catch the biting animal. Again, never shoot a rabies suspect in the head. Work with the local animal-control officers to help make sure the animal is captured and observed or tested.

Rabies is a relatively rare disease. However, because it has such severe consequences, everyone should do everything possible to protect their pets and family from encounters with rabid animals.

For more info on this topic, contact James Wright, DVM, MPVM, Regional Zoonosis Control Veterinarian Texas Department of Health, Tyler at 903-533-5212.



FAQs: DNRs, O2, AEDs, Epi-pens

By Michelle McComb, R.N., TDH School Health Program

Q As a school nurse, what should I know about the use of oxygen, epinephrine, defibrillators, and DNR orders in my school?

A Callers frequently ask about the appropriateness and/or necessity of oxygen for emergency use in schools, availability of epinephrine, the use of automated external defibrillators and whether or not schools must recognize a "Do Not Resuscitate" order for a student. A general answer to all four topics is YES, but as with most school health related questions, there are many factors to consider.

Do Not Resuscitate (DNR) orders, also called "Advanced Directives" may alarm and/or confuse school personnel. For parents, however, this often represents a significant step and may signal their wish for the school to recognize the seriousness of the child's condition. According to Texas law, **HONORING A DIRECTIVE DOES NOT CONSTITUTE OFFENSE OF AIDING SUICIDE**. "A person does not commit an offense under Section 22.08, Penal Code, by withholding or withdrawing life-sustaining treatment from a qualified patient in accordance with this subchapter" (TAC 166.047).

It is always advisable to have an established policy or procedure in place in order to be prepared for this situation, which is a serious concern but not a crisis. The most important consideration is to have open communication with verification of understanding between all parties, including the parents, student if appropriate, school nurse, school administrator, the child's physician, and the district's medical advisor if applicable. The policy statement of the American Academy of Pediatrics can be found on the AAP website at www.aap.org/policy/re9842.html. The appropriate forms can be found on the TDH Bureau of Emergency Medical Services website at www.tdh.state.tx.us/hcqs/ems/dnrhome.htm.

Oxygen for emergency use: If a student or staff member has a known condition that warrants oxygen availability, the treating physician and the school nurse should communicate about the necessary equipment and supplies, including oxygen. An appropriate treatment plan should be in place. The treatment plan should include written physician's orders, medical diagnosis, contact info, parental consent, as well as any other pertinent medical direction. The nursing care plan is a separate document based on this collaboration with the physician and the parents or the adult patient. The decision by a school district to keep oxygen tanks on hand in case of an emergency can be made at the local level by school board officials who (1) have received accurate and thorough information; (2) been advised by the districts health (education) advisory committee; and (3) have consulted with local EMS personnel and health care professionals. Factors to consider include the daily presence of a professional school nurse (Registered Nurse), the availability of first responders in the community, average EMS response time, and the proximity of hospital emergency room facilities.

Unit dose epinephrine availability in schools generally follows the same recommendations as oxygen availability and use. However, in some cases, the student's condition may warrant carrying the Epi-pen with him/her at all times. Again, clear communication with the physician and parents is imperative. A concise treatment plan and staff education are just as important. In schools without RN coverage all day, every day, the RN is responsible for training school personnel to respond appropriately in the event of an

anaphylactic reaction. The student or staff member may be able to administer the epinephrine themselves after receiving appropriate instruction and/or parental permission. When epinephrine is kept for general use for potential reactions by persons with no known history, it should be kept in the nurse's office and administered under a protocol devised by the district's medical advisor, local health officials, or other appropriate health care professionals. The American Academy of Allergy Asthma and Immunology position statement can be found at: www.aaaai.org/professional/physicianreference/positionstatements/ps26.stm.

The Food Allergy Network is another resource for schools. They provide free materials, sample emergency plan forms and other info: www.foodallergy.org/school.html.

Automated External Defibrillators are relatively new to the school setting, first appearing in Texas during the 1999-2000 school year. While few school districts actually have these, the idea seems to be gaining support nationwide. A few districts in Texas have contacted TDH seeking guidance on establishing AED policies, but unfortunately, we are still gathering info and do not have sample policies or a position statement to share. At the NASN conference in June, Dr. Stuart Berger, Children's Hospital of Wisconsin, presented info on AEDs and sudden cardiac death in children. Info can be found at www.chw.org (search for "Project ADAM"). NASN has a position statement at: www.nasn.org/positions/autoexterdefib.htm. This position statement points out several important facts, recommends further research, and concludes that "...it is the opinion of the National Association of School Nurses that automated external defibrillators should be utilized in the school setting only after careful consideration of the following:

- Federal, state, and local laws and regulations;
- Factors related to safety, effectiveness, and cost;
- Clear training and guidelines for the use of AEDs in the school setting;
- Location, access, and availability of AEDs;
- CPR certification & emergency response skills remain essential;
- Identifying and resolving liability issues; and
- Data supporting the effectiveness of these devices in the school setting."



TDH AUDIOVISUAL LIBRARY

- Planning a health & safety presentation?
- Do you conduct staff training?
- Do you need a film on a certain health topic to show your students?

The TDH Audiovisual Library stocks videos for all age levels on health topics such as Dental Health, Spinal Screening, Lead Poisoning, First Aid, Nutrition, Safety, Lice, Hygiene, and Puberty. You may borrow videos on these topics or others for up to 2 weeks at a time. The TDH AV Library sends them to you free of charge. For more info, or to order a catalog, call the TDH AV Library at (512) 458-7260, or log on to their website at: www.tdh.state.tx.us/avlib/avhomepg.htm.

Texas Department of Health News

National Td Booster Shortage

Currently there is a national shortage of adult tetanus and diphtheria toxoids (Td) and tetanus toxoid (TT). Because of this shortage, effective immediately, the Texas Department of Health (TDH) is deferring the requirement for the booster dose of Td (i.e., 10-year booster given at approximately 14 years of age). This deferment will continue throughout the 2001-2002 school year (July 1, 2001 – August 1, 2002), and applies **only** to Td. This deferment replaces the temporary exemption granted in the March 22, 2001 notice, and an exemption form will not be needed for these students. This deferment will not affect the Annual Report of Immunization Status for school year 2001-02.

Presently, there is no change in the national or state policy for the recommended DTaP immunization schedule. The TDH Immunization Division will provide further guidance and information as it becomes available. For further info on this and other school immunization topics contact the TDH Immunization Division at (800) 252-9152.

Traffic Safety Programs for Your School...

Texas Department of Health's (TDH) Safe Riders Program, together with the Texas Department of Transportation, is ready for another year of traffic safety programs targeting teenagers and older adults. The Safe Riders Program for Youth and Older Adults provides traffic safety presentations for the general public, schools, educators, wellness coordinators, law enforcement, and health professionals. Up-to-date traffic safety information focuses on pedestrians, bicyclists, drivers and passengers.

For example, use of seat belts is the focus of the TDH Safe Riders' "Teen Traffic Safety" presentation. Vehicle crashes are the leading cause of death for American teenagers. When worn correctly, seat belts can reduce serious injury or death by about 50 percent. Even with these statistics, surveys by the U.S. Department of Transportation

show that only about 40 percent of teenage drivers use their seat belts. The "Teen Traffic Safety" presentation will focus on encouraging teens to use their seat belts. Safe Riders staff will conduct a free presentation, which includes a videotape and/or slides, a fun game and/or activity, and an open question-and-answer session related to traffic safety. Topics discussed include facts, teen profiles, Texas restraint laws, seat belts, air bags, vital signs, etc.

To access Safe Riders services (including free educational materials) and to schedule presentations, contact Randall Deavers, M.S., Coordinator/Youth & Older Adult Programs, at 1-800-252-8255.

For more info visit our website at: www.tdh.state.tx.us/injury/safe/traffic.htm.

Opportunities to Link with Title V Pop-Based Projects

The Texas Department of Health's (TDH) Title V Population-Based Program promotes the development of "essential public health functions" in communities by funding local population-based projects. Public health functions performed by these projects may include: (1) education programs and awareness campaigns specific to maternal and child health topics such as child safety, access to prenatal care, nutrition, teen pregnancy prevention, etc.; (2) intervention strategies to prevent teen pregnancy, infant morbidity and mortality, childhood injuries, etc.; and (3) local infrastructure-building to support prevention activities. Infrastructure-building can take the form of establishing and maintaining coalitions, affiliations, and alliances to provide integrated health care; acquiring accurate data for measuring the effects of interventions; creating adequate systems for communication between service providers; and more.

You will find descriptions and contacts for the currently funded projects, many of which are performing school-related activities, at the TDH Title V Pop-Based Program website at: www.tdh.state.tx.us/mch/pop-base.htm. Feel free to contact these staff for further details about their

projects or for collaborative purposes. For more information about this program, call Zanette "Zane" Hammonds at (512) 458-7111, ext. 6445, or E-mail her at zanette.hammonds@tdh.state.tx.us.

Tobacco Prevention in Schools

The Texas Department of Health's (TDH) Office of Tobacco Prevention and Control (OTPC) has resources available around the state for school nurses. OTPC's main office and the 8 regional offices have tobacco prevention materials, and more important, staff with expertise in tobacco prevention. In addition, tobacco prevention specialists in the Education Service Centers in Houston, Beaumont, Huntsville, and Mount Pleasant can provide information, answer questions, and make presentations in their areas.

Every other year, OTPC collects data from Texas schools for the Youth Tobacco Survey, which allows local health professionals to identify and plan activities for specific schools and groups.

Finally, there is a wealth of information and resources that these staff members can help school nurses access. For example, TDH's Audiovisual Library has a catalogue of videos on smoking and smokeless tobacco that are available for loan. The OTPC offices have educational pamphlets for all age groups, posters and promotional items, as well as school curricula on tobacco-related issues, from health risks to media literacy.

For more info contact Paula Traffas, TDH OTPC, at (512) 458 7402, or the TDH Regional Office OTPC contact closest to you:

- Sherri Scott, Lubbock, (806) 767-0309
- Betty Boenisch, Arlington, (817) 264-4554
- Lana Herriman, Tyler, (903) 533-5225
- Jennifer Smith, Houston, (713) 767-3462
- Sylvia Barron, Temple, (254) 778-6744, extension 2350
- Vacant, San Antonio, (210) 949-2073
- Rebecca Zima, El Paso, (915) 834-7775
- Dora del Toro, Harlingen, (956) 423-0130, extension 588

CRISIS INCIDENT STRESS MANAGEMENT... *Continued from page 1*

psychological "first aid" program that stabilizes the symptoms of distress/impairment, keeps them from worsening, reduces the intensity of those symptoms, helps one regain "normalcy" and provides for further assessment.²

Whereas a few years ago the interventions for school crisis events were done primarily by mental health resources outside the school district, such procedures are increasingly being done by school district personnel who have had CISM training. In this training (usually 16 hours) one learns what to do from the moment one learns of a school crisis event, who to call, how the event may impact the other students as well as staff, what actions are helpful and which - though done with all good intentions - may cause further trauma.

Schoenfeldt says, "Removing the belongings from the classroom of a student who has died, for example, may further traumatize his/her classmates." She goes on to answer some not-so-easy questions, such as: "Should we allow students to go the funeral

service? How flexible should we encourage teachers to be in their classrooms following an event? What kind of support does the staff need to effectively meet the needs of the kids?"³

One learns that the first 48 hours are the most crucial, because it is in this time frame that people attempt to make sense in their minds of what has happened. The earlier the intervention takes place, the greater are one's chances of preventing long-term emotional distress and possibly Post Traumatic Stress Syndrome as well.

Schools that have CISM-trained teams are better able to respond immediately to the crisis as they follow a plan that is already in place.

For further information about the Texas Critical Incident Stress Management Network and its 25 teams throughout the state, contact: Paul A. Tabor, M.Miss., Texas Department of Health, Division of Emergency Preparedness; (512) 834-6749. Send e-mail to: Paul.Tabor@tdh.state.tx.us.

Mr. Tabor teaches a two-day course called *CISM: Basic Group Crisis Intervention* and another course called *CISM: Individual Crisis Intervention and Peer Support*. For info regarding these courses and an outline of each, visit the TDH website at: www.tdh.state.tx.us/hcqs/ems/epcism.htm. Persons completing these courses receive a certificate from the International Critical Incident Stress Foundation.

For more information regarding CISM and the specific course called *School Crisis Response: A CISM Perspective*, contact the: International Critical Incident Stress Foundation (ICISF), Ellicott City, Maryland; 410/750-9600; web page: www.icisf.org.

¹Everly, G.S. & Mitchell, J.T. (1999). *Critical incident stress management (CISM): A new era and standard of care in crisis intervention (2nd Ed.)*. Ellicott City, MD: Chevron Publishing Corporation.

²Ibid.

³Mary Schoenfeldt (1999). *Picking up the pieces: Responding to school crisis*. Renton, WA: Schoenfeldt and Associates.

LETTER FROM THE EDITOR...

Continued from page 2

school year, our enrollment continued to grow to a level of 975 students. This district is now the fifth fastest growing school district in the state, has just opened new schools that are already filled to capacity, and has plans to build more. Yet, the district and the board of trustees have maintained the commitment to hire one RN for each campus. As a parent who works 40 minutes away from the school my sons attend, I am thankful for this level of commitment. It allows me a sense of reassurance and peace of mind, so that when I arrive at work I can focus on the myriad of issues, projects and initiatives that affect school health! In other words, without my complete confidence in the principals, teachers, counselor, and school nurse at my sons' schools, I wouldn't be able to be here in a meaningful way for you and other stakeholders who rely on us.

I no longer have a snakebite kit or an oxygen tank in my office. And the first thing my sons noticed about my office was the conspicuous absence of a "bed," which had been standard as far back as they can remember. And so, another school year will begin soon, all across Texas. I won't be there in person to welcome familiar faces with warm hugs and hellos, nor will I have lines of students and parents waiting to turn in immunization records, health forms, and medication to me. The wonderful TDH School Health Program staff members and I will, however, be here to answer your questions, refer you to resources, keep you informed, and advocate for ways to improve school health in Texas. Without the valuable information you provide through anecdotes, required reports, or voluntary surveys, we would not be able to shape a program that is responsive to our customer's needs. We count on you to be our eyes, ears, hands, and hearts to the students and families in Texas schools.

AWARDS FOR EXCELLENCE IN TEXAS SCHOOL HEALTH... *Continued from page 1*

based on student enrollment (small, medium, and large). Applications are scored by a pool of volunteer judges comprised of health professionals throughout Texas. Winners are those programs that earn the highest average scores in their respective categories. In this way the Awards for Excellence program ensures that at least nine of the award winners are new programs. It also ensures that smaller programs with modest

resources are competing with their peers, and not with large schools/

districts with an abundance of resources.

Schools interested in starting a health program can benefit from reviewing the Awards for Excellence Winners Booklet. This annual publication provides detailed descriptions of the year's fifteen award winners, and indicates how the programs were planned, implemented, and evaluated. To order a winners' booklet, contact the TDH School Health Program (see contact info below).

The TDH School Health Program encourages all schools and/or districts with a health program in place to apply for the Awards for Excellence in Texas School Health. Completing the application serves as a useful tool for planning and evaluating programs more thoroughly and effectively. In addition, applicants can request their scoresheets, which will include constructive feedback from the judges about how to enhance the program. Finally, each applicant receives a free Awards for Excellence in Texas School Health t-shirt.

For more info, to order an application, or to request an Awards for Excellence Winners Booklet, contact the TDH School Health Program at 512-458-7111, ext. 2140, or ernesto.marquez@tdh.state.tx.us. Visit the Awards for Excellence website at tdh.state.tx.us/schoolhealth.

Any school and/or district with a health program in place should apply for an award!

The Texas School Health Bulletin



Texas Department of Health
Bureau of Children's Health
School Health Program
1100 West 49th Street
Austin, Texas, 78756
(512) 458-7700
www.tdh.state.tx.us/schoolhealth
Publication # 05-10958

LEGISLATIVE UPDATES...

Continued from page 3

to UT PAN AM. Their email and phone number are:
TMBHCO@panam.edu; 956-381-3687.

SB 31 - Requires TEA, in collaboration with TDH and others, to provide information regarding bacterial meningitis and its vaccine to students and parents. The agencies are working together to develop the content and dissemination plan, and will utilize the TDH School Health Advisory Committee as the advisory board called for in this bill.

The following legislative bills did not pass:

HB 1095 - The TDH School Health Advisory Committee. The committee still exists as is and will continue to meet and make recommendations to the Board of Health.

HB 1702 - Immunization Exemption/Registry. The exemption for "reason of conscience" failed, as did the attempt to have inclusion in the immunization registry an "opt out" parent decision rather than the current "opt in."

For more information on these or any other Texas Legislative bills, search the Texas State Legislative website at:
www.capitol.state.tx.us.

MARK YOUR CALENDAR!

September 2001

National Food Safety Month (see Food Safety article on page 4)
5-a-day for Better Health Week, Sept 10-16 (veggies & fruits)
Childhood Injury Prevention Week, Sept 1-7
Children's Eye and Health Safety Month
Cold and Flu Campaign (month)
Pediculosis Prevention Month

October 2001

Walk Our Little Texans to School Week, Oct. 2*

(*for info/activities see: www.tdh.state.tx.us/wellness/WOLT/Wolthome.htm)

Child Health Day, Oct 2
Depression Screening Day, Oct 5
National Eat Dinner Together Week, Sept 29-Oct 3
Red Ribbon Celebration Oct 23-31
School Lunch Week, Oct 15-19 (see Food Safety article on page 4)
Walk a Child to School Week, Oct 8-12
Dental Hygiene Month

November 2001

World Kindness Day, Nov 12
Great American Smokeout, Nov 15 (see Tobacco Prevention page 6)
Random Acts of Kindness Week, Nov 5-12
National Diabetes Month
Child Safety and Protection Month (see Traffic Safety page 6)